

Local-State Executive Committee

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Allen McKay, Renae Moch, Robin Iszler, Arvy Smith, Colleen Pearce, Dr. Dwelle, Tim Wiedrich, Barb Frydenlund, Kelly Nagel, Dave Glatt, Dr. Pickard

Core PH Activities:

- SHC by law has the authority to issue rules for requiring local public health to provide core services. SHC adopted the Public Health in America 6 core activities and allowed Dr. Dwelle to better define those activities as needed.
- Need to assure that communities have access to comprehensive public health services and programs that meet public health needs.
- Suggested language for administrative rule "Is in compliance with assuring the provision of the following core Public Health Activities through 3 or more services or programs determined by jurisdictional needs or other." Provide a laundry list of programs for them. They can provide more than what is listed but need to provide at least 3 from the list. Kelly will draft some language and send it to the group and discuss with SACCHO.

Local public health authority:

- Home rule city and county ordinances trump local public health jurisdiction ordinances. League of Cities still recognizes and promotes cities to adopt ordinances requiring them to identify a city health officer. There needs to be more recognition of the local public health unit roles and responsibilities.
- Arvy suggested a legislative study to explore the authority issue. There is a concern that this may open the doors for some negative impact for a few isolated issues.
- Sewer inspection authority can be addressed in rule without DoH taking on more responsibility. Law does need to be adopted to cover all counties. Dave suggested that discussion or brainstorming start early, prior to next session. State and locals need to draft consensus language and determine specific funding needs. Establish an interim committee.
- Farmer's Market study 3037 may result in statewide standards.

Legislative Status:

- Arvy provided a document identifying House adjustments to the Executive Budget. The House version cut about \$12 million in general funds. Federal and special funding reductions are related to oil impact positions. DoH is assuming that Senate will start with Executive Budget recommendations and look at what the House amended. DoH will ask for the Governor's Budget to be restored. Locals will be requesting additional funding for state aid, and funding for infectious disease, immunizations, food and lodging and regional networks. Local may want to stress the need for the school immunization module.

DoH Committee Representation:

- Need to replace Dr. Baird. Kirby and Dave were recommended. Arvy and Dr. Dwelle will make the decision.

Community Health Profiles:

- If counties prefer to use health rankings, that is their decision. The rankings have problems, however. Rankings are very sensitive to minor changes in the data. Few of the observed differences between counties are statistically significant. Documentation of how the data is being used for the rankings was not identified.
- Neither health rankings nor profiles can produce BRFSS data for 2010 and earlier that can be compared to 2011 and later. The result would be invalid due to methodology changes. (It is not clear if health rankings are attempting to do this.) BRFSS data since 2011 is only available for three years which is inadequate to generate results for the vast majority of counties, especially for the large number of questions only asked every other year.
- An inevitable delay exists in producing new data. Most 2014 data will not even be available for many months yet. Timeliness is more of a perceived problem than real. The data changes very slowly; however, people using the profiles often think if the data is more than one or two years old, it is invalid.
- All counties have profiles but they are bundled by health unit. Health profiles are updated on request; Dr. Pickard does not wish to update profiles that are not going to be used. It takes 0.5 to 1.0 days per county to update profiles. (NOTE: This is once the data files have been prepared.)